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|--|---------------------------|---------------------------------------|---|-----------|---|---------------------------|--|----------|--|-------------------------|--|----------|
| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | | Docket No. (Optional) 245402004300 | | | | | | | | | | |
| <table border="1"> <tr> <td colspan="2">In re Application of Takahide ISHIGURO et al.</td> </tr> <tr> <td>Application Number 10/058,664</td> <td>Filed January 28, 2002</td> </tr> <tr> <td colspan="2">For: SEMICONDUCTOR LASER PACKAGE AND FABRICATION METHOD THEREOF</td> </tr> <tr> <td>Art Unit 2827</td> <td>Examiner J. Mitchell</td> </tr> </table> | | | In re Application of Takahide ISHIGURO et al. | | Application Number 10/058,664 | Filed January 28, 2002 | For: SEMICONDUCTOR LASER PACKAGE AND FABRICATION METHOD THEREOF | | Art Unit 2827 | Examiner J. Mitchell | | |
| In re Application of Takahide ISHIGURO et al. | | | | | | | | | | | | |
| Application Number 10/058,664 | Filed January 28, 2002 | | | | | | | | | | | |
| For: SEMICONDUCTOR LASER PACKAGE AND FABRICATION METHOD THEREOF | | | | | | | | | | | | |
| Art Unit 2827 | Examiner J. Mitchell | | | | | | | | | | | |
| <p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table> <tr> <td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td>\$ 110.00</td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td>\$ _____</td> </tr> </table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 03-1952</p> <p>I have enclosed a duplicate copy of this sheet. Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate.</p> <p>I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. Registration Number 38,185 <input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____</p> <p>May 13, 2004 Date _____</p> <p>(650) 813-5622 Telephone Number _____</p> <p>Signature _____</p> <p>Alan S. Hodes Typed or printed name _____</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input checked="" type="checkbox"/> Total of 1 forms are submitted.</p> | | | <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$ 110.00 | <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$ _____ | <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$ _____ | <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$ _____ | <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$ _____ |
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| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$ _____ | | | | | | | | | | | |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$ _____ | | | | | | | | | | | |

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